



4-H Member Event Form REVISED Oct 2009

4-H Event/Program: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Prior to acceptance in this 4-H event, we require signatures indicating that members and parents/guardian agree to the following conditions.

This form is to be signed and completed by a parent or guardian. Accurate and complete information is essential to ensure adequate supervision and protection while participating in the event. This information is confidential and will be available only to 4-H staff/volunteers administering the event and a physician, if necessary.

Application Details

Name: \_\_\_\_\_

Club: \_\_\_\_\_ AREA COUNCIL \_\_\_\_\_

Male \_\_ Female\_\_ Age \_\_\_ BIRTHDATE \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

Email Address(es) (email suitable for correspondence list) **PRINT**: \_\_\_\_\_

Permission/Waiver

I certify that my son/daughter has my permission to participate in the above mentioned 4-H event. I recognize the 4-H program will provide a safe and educational environment to the best of their ability. However, inherent risks associated with this type of activity may occur. I agree that his/her participation is at his/her own risk. I further agree that he/she will remain with the program at all times and will adhere to the behaviour and cancellation policies in place for this event.

Signature of 4-H member if over 18 years of age

Signature of parent/guardian (if member is under 18 years of age)

Emergency Contact Information

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Phone No. 24 hour access (work, home, cell): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

MB Health #: \_\_\_\_\_ Personal Health #: \_\_\_\_\_

Any medical conditions concerning your son/daughter that we should be aware of? (Special diet, allergies, medication, recent illness, physical limitations, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_